PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003									10705674				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN	NTITY	OR	OTHER SMALL I		
TOTAL CLAIMS			21	•	ļ-			RATE	FEE		RATE	FEE	
FOR			NUMBER F	FILED	NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2/ minus 20=		• /			XS 9≈	9	OR	X\$18=		
INDEPENDENT CLAIMS			3 mir	าบร 3 =	· 0			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PI			RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is l	ess than zero, enter "0" in col			olumn 2		TOTAL	394	OR	TOTAL		
CLAIMS AS AMENDED - PART II  4-9-4 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A	, ,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA	•	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	B
ZDME	Total	.35	Minus	-2	/	= 1/4-		X\$ 9=	124.0	1 1	XS18=		350
ME	Independent	. 9	Minus	***	3	= 60		X43=	259,00		X86=		- 00
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL		OR	TOTAL ADDIT, FEE		
9-26-24 (Column 1) (Column 2) (Column 3)								ADDIT. FEE	l	•	A0011.1 CC		}
8		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 35	Minus	-35	5	= 🕏		X\$ 9=		OR	X\$18=		
ME	Independent	. 9	Minus	••••	9	= ~\&		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-:45=	1	OR	+290=		]
								TOTAL		OR	TOTAL		1
								ADDIT. FEE.	L	<b>,</b> • · ·	ADDIT. FEE		1
_		(Column 1) CLAIMS			mn 2) ÆST	(Column 3)	1		ADDI-	1		ADDI-	1
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	*	Minus			=		XS 9=	,	OR	X\$18=		
	Independent	•	Minus			=		X43=		OR	Voc		1
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1			1
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	ļ	4
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												L	4
•••	ir ine "Highest Nu The "Highest Nun	nber Previously Pai	d For (Total o	r Independ	dent) is the	highest number	er fo	ound in the ap	propriate bo	x in c	olumn 1.		

FORM PTO-875 (Rev. 10.03)

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Application or Docket Number